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1960/61

# REPORT

of

THE UNIVERSITY OF ILLINOIS COMMITTEE ON

ACCIDENT COMPENSATION

for period

JULY 1, 1960 THROUGH JUNE 30, 1961

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1960 - 1961

University of Illinois

ACCIDENT CASES CONSIDERED BY

THE COMMITTEE ON ACCIDENT COMPENSATION

THE COMMITTEE ON ACCIDENT COMPENSATION

Professor R. F. Lesemann, Chairman

Professor G. W. Harper

Director Donald E. Dickason

Mr. C. C. DeLong

Mr. Max N. Pike, Secretary

Dr. M. D. Kinzie
Associate Director of Health Services-Advisor

Mr. John Morris-Advisor

Mr. James Harmon-Advisor

SUB-COMMITTEE

Dr. M. D. Kinzie

Professor G. W. Harper

Mr. R. E. Hartz

Mr. James Harmon

Mr. G. McGregor

Mr. John Morris

Mr. Max N. Pike, Secretary

1960 - 1961

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[1]The amounts are the payments made in the period of July 1, 1960 through June 30, 1961.

Comp. Time Lost indicates the amount paid for time lost under the provisions of the Illinois Workmen's Compensation Act, or the Illinois Occupational Diseases Act.

Medical indicates the amount paid for medical treatment under the provisions of the before-mentioned Acts.

P. Disab. Final Settlement indicates the amount paid in settlement of the case under the provisions of the before-mentioned Acts.

O.D. or Work Comp. Costs indicates the total amount paid under the provisions of the before-mentioned Acts.

* Indicates the case has been reported in the previous year or years.

# Indicates the case is still pending.

Report prepared by Max N. Pike
Supervisor of Accident Compensation
and Alfreda Mitchell, Clerk-Steno II

SCHEDULE 1

ACCIDENT CASES CONSIDERED BY THE COMMITTEE ON ACCIDENT

COMPENSATION JULY 1, 1960 THROUGH JUNE 30, 1961

CHAMPAIGN-URBANA

UNIVERSITY OF ILLINOIS COMMITTEE ON ACCIDENT COMPENSATION
July 1, 1960 to June 30, 1961

Champaign-Urbana
Administration and General

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O. D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Business Office | | | | | | | | |
| 4477 | (1) | 6-1-60 | 1 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4551 | (2) | 8-16-60 | 5 | 0 | 5 75 | 0 | 0 | 5 75 |
| 4663 | (1) | 12-29-60 | 0 | 0 | 27 00 | 0 | 0 | 27 00 |
| 4670 | (1) | 12-13-60 | 2 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4762 | (1) | 2-22-61 | 0 | 0 | 12 00 | 0 | 0 | 12 00 |
| Total - Business Office: (5 cases) | | | (8) | (0) | (69 75) | (0) | (0) | (69 75) |
| Dean of Women | | | | | | | | |
| 4724 | (2)# | 1-28-61 | 0 | 0 | 51 00 | 0 | 0 | 51 00 |
| Total - Dean of Women: (1 case) | | | (0) | (0) | (51 00) | (0) | (0) | (51 00) |
| McKinley Hospital Operations | | | | | | | | |
| 4649 | (2) | 10-25-60 | 0 | 0 | 13 00 | 0 | 0 | 13 00 |
| 4732 | (2) | 2-28-61 | 7 | 0 | 10 00 | 0 | 0 | 10 00 |

* Case reported previously. # Case pending.

Champaign-Urbana
Administration and General (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| McKinley Hospital Operations (continued) | | | | | | | | |
| 4742 | (2) | 4-3-61 | 1 | 0 | 9 00 | 0 | 0 | 9 00 |
| Total - McKinley Hospital Operations: (3 cases) | | | | | | | | |
| | | | (8) | (0) | (32 00) | (0) | (0) | (32 00) |
| Nonacademic Personnel | | | | | | | | |
| 4298 | (1)* | 11-4-59 | 0 | 0 | 76 20 | 900 00 | 0 | 976 20 |
| Total - Nonacademic Personnel: (1 case) | | | | | | | | |
| | | | (0) | (0) | (76 20) | (900 00) | (0) | (976 20) |
| President's Office | | | | | | | | |
| 4263 | (2)* | 7-31-59 | 0 | 0 | 18 00 | 0 | 0 | 18 00 |
| Total - President's Office: (1 case) | | | | | | | | |
| | | | (0) | (0) | (18 00) | (0) | (0) | (18 00) |
| Public Information | | | | | | | | |
| 4669 | (2) | 11-3-60 | 1 | 0 | 25 00 | 0 | 0 | 25 00 |
| Total - Public Information: (1 case) | | | | | | | | |
| | | | (1) | (0) | (25 00) | (0) | (0) | (25 00) |

* Case reported previously. # Case pending.

Champaign-Urbana
Administration and General (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Vice-President and Provost's Office | | | | | | | | |
| 4525 | (2) | 7-26-60 | 0 | 0 | 6 00 | 0 | 0 | 6 00 |
| 4743 | (2)# | 6-13-60 | 0 | 0 | 40 00 | 0 | 0 | 40 00 |
| 4791 | (2) | 4-21-61 | 0 | 0 | 15 90 | 0 | 0 | 15 90 |
| Total - Vice-President and Provost's Office: (3 cases) | | | | | | | | |
| | | | (0) | (0) | (61 90) | (0) | (0) | (61 90) |
| TOTAL - ADMINISTRATION AND GENERAL: (15 cases) | | | (17) | (0) | (333 85) | (900 00) | (0) | (1233 85) |

* Case reported previously. # Case pending.

Champaign-Urbana
Liberal Arts and Sciences

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Chemistry and Chemical Engineering | | | | | | | | |
| 4496 | (3) | 6-30-60 | 0 | 0 | 29 50 | 0 | 0 | 29 50 |
| 4503 | (1) | 6-25-60 | 0 | 0 | 9 00 | 0 | 0 | 9 00 |
| 4514 | (5) | 8-3-60 | 0 | 0 | 1 50 | 0 | 0 | 1 50 |
| 4534 | (1) | 8-5-60 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4588 | (1) | 10-6-60 | 0 | 0 | 28 95 | 0 | 0 | 28 95 |
| 4652 | (2)# | 11-18-60 | 0 | 0 | 109 50 | 0 | 0 | 109 50 |
| 4673 | (2) | 1-10-61 | 0 | 0 | 91 00 | 0 | 0 | 91 00 |
| 4715 | (2)# | 3-2-61 | 0 | 0 | 43 90 | 0 | 0 | 43 90 |
| 4778 | (1)# | 5-5-61 | 26 | 167 14 | 10 00 | 0 | 0 | 177 14 |
| Total - Chemistry and Chemical Engineering: (9 cases) | | | (26) | (167 14) | (333 35) | (0) | (0) | (500 49) |
| Geography | | | | | | | | |
| 4444 | (2) | 5-9-60 | 0 | 0 | 88 85 | 0 | 0 | 88 85 |
| Total - Geography: (1 case) | | | (0) | (0) | (88 85) | (0) | (0) | (88 85) |
| German | | | | | | | | |
| 4389 | (2)* | 3-1-60 | 0 | 0 | 165 00 | 4000 00 | 0 | 4165 00 |
| Total - German: (1 case) | | | (0) | (0) | (165 00) | (4000 00) | (0) | (4165 00) |

* Case reported previously. # Case pending.

Champaign-Urbana
Liberal Arts and Sciences (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Microbiology | | | | | | | | |
| 4720 | (3) | 12-16-60 | 0 | 0 | 3 50 | 0 | 0 | 3 50 |
| Total - Microbiology: | (1 case) | | (0) | (0) | (3 50) | (0) | (0) | (3 50) |
| Physiology | | | | | | | | |
| 4736 | (1&2) | 3-20-61 | 4 | 0 | 63 55 | 0 | 0 | 63 55 |
| Total - Physiology: | (1 case) | | (4) | (0) | (63 55) | (0) | (0) | (63 55) |
| Psychology | | | | | | | | |
| 4487 | (2) | 6-6-60 | 0 | 0 | 28 00 | 0 | 0 | 28 00 |
| 4678 | (2) | 1-13-61 | 0 | 0 | 18 00 | 0 | 0 | 18 00 |
| 4787 | (4) | 5-12-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| Total - Psychology: | (3 cases) | | (0) | (0) | (49 00) | (0) | (0) | (49 00) |
| Russian | | | | | | | | |
| 4517 | (1) | 7-27-60 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| Total - Russian: | (1 case) | | (0) | (0) | (10 00) | (0) | (0) | (10 00) |
| Speech | | | | | | | | |
| 4686 | (12) | 12-6-60 | 0 | 0 | 4 00 | 0 | 0 | 4 00 |
| Total - Speech: | (1 case) | | (0) | (0) | (4 00) | (0) | (0) | (4 00) |

* Case reported previously. # Case pending.

Champaign-Urbana
Liberal Arts and Sciences (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| TOTAL - LIBERAL ARTS AND SCIENCES: | | (18 cases) | (30) | (167 14) | (717 25) | (4000 00) | (0) | (4884 39) |

* Case reported previously. # Case pending.

Champaign-Urbana
Agriculture

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Agricultural Economics | | | | | | | | |
| 3746 | (1)* | 11-7-57 | 0 | 0 | 0 | (I)588 00 | 0 | 588 00 |
| Total - Agricultural Economics: (1 case) | | | | | | | | |
| | | | (0) | (0) | (0) | (588 00) | (0) | (588 00) |
| Agricultural Engineering | | | | | | | | |
| 4510 | (2) | 4-20-60 | 0 | 0 | 30 00 | 0 | 0 | 30 00 |
| 4645 | (2) | 10-12-60 | 0 | 0 | 69 80 | 0 | 0 | 69 80 |
| 4721 | (1&2)# | 3-9-61 | 45 | 308 57 | 229 10 | 0 | 0 | 537 67 |
| 4747 | (1)# | 4-8-61 | 0 | 0 | 58 45 | 0 | 0 | 58 45 |
| 4750 | (1) | 4-4-61 | 0 | 0 | 8 00 | 0 | 0 | 8 00 |
| Total - Agricultural Engineering: (5 cases) | | | | | | | | |
| | | | (45) | (308 57) | (395 35) | (0) | (0) | (703 92) |
| Agricultural Entomology | | | | | | | | |
| 4349 | (2)* | 12-14-59 | 0 | 0 | 5 00 | 0 | 0 | 5 00 |
| Total - Agricultural Entomology: (1 case) | | | (0) | (0) | (5 00) | (0) | (0) | (5 00) |

* Case reported previously. # Case pending. (I) Installment Payments made during fiscal year on Final Settlement.

Champaign-Urbana
Agriculture (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Agricultural Extension | | | | | | | | |
| 4484 | (6) | 5-16-60 | 0 | 0 | 6 00 | 0 | 0 | 6 00 |
| Total - Agricultural Extension: | | | (1 case) | | | | | |
| | | | (0) | (0) | (6 00) | (0) | (0) | (6 00) |
| Agronomy | | | | | | | | |
| 4530 | (1) | 7-16-60 | 1 | 0 | 32 12 | 0 | 0 | 32 12 |
| 4531 | (1) | 7-29-60 | 0 | 0 | 47 65 | 0 | 0 | 47 65 |
| 4573 | (1&3) | 9-29-60 | 0 | 0 | 64 00 | 0 | 0 | 64 00 |
| 4584 | (2) | 10-11-60 | 0 | 0 | 105 00 | 528 75 | 0 | 633 75 |
| 4599 | (2) | 7-5-60 | 2 | 0 | 12 00 | 0 | 0 | 12 00 |
| 4641 | (2)# | 12-9-60 | 0 | 0 | 116 90 | 0 | 0 | 116 90 |
| Total - Agronomy: | | (6 cases) | (3) | (0) | (377 67) | (528 75) | (0) | (906 42) |
| Animal Science | | | | | | | | |
| 4044 | (2)* | 1-19-59 | 0 | 0 | 65 00 | 0 | 0 | 65 00 |
| 4476 | (1) | 5-20-60 | 0 | 0 | 2 30 | 0 | 0 | 2 30 |
| 4511 | (2) | 7-25-60 | 0 | 0 | 40 00 | 0 | 0 | 40 00 |
| 4513 | (5) | 7-27-60 | 18 | 78 57 | 271 10 | 0 | 0 | 349 67 |

*Case reported previously. # Case pending.

Champaign-Urbana
Agriculture (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Animal Science (continued) | | | | | | | | |
| 4538 | (12) | 8-29-60 | 0 | 0 | 80 00 | 0 | 0 | 80 00 |
| 4556 | (1) | 9-12-60 | 2 | 0 | 50 00 | 0 | 0 | 50 00 |
| 4575 | (2) | 9-26-60 | 1 | 0 | 9 00 | 0 | 0 | 9 00 |
| 4585 | (2) | 9-7-60 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4589 | (1&5)# | 10-7-60 | 0 | 0 | 18 40 | 0 | 0 | 18 40 |
| 4624 | (5) | 10-22-60 | 0 | 0 | 21 00 | 0 | 0 | 21 00 |
| 4639 | (2) | 11-21-60 | 0 | 0 | 42 50 | 0 | 0 | 42 50 |
| 4722 | (9)# | 12-28-60 | 0 | 0 | 17 50 | 0 | 0 | 17 50 |
| 4734 | (2) | 3-14-61 | 0 | 0 | 33 00 | 0 | 0 | 33 00 |
| 4735 | (1) | 2-20-61 | 2 | 0 | 17 00 | 0 | 0 | 17 00 |
| 4760 | (2) | 2-28-61 | 0 | 0 | 12 00 | 0 | 0 | 12 00 |
| 4774 | (1) | 4-10-61 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| Total - Animal Science: (16 cases) | | | | | | | | |
| | | | (23) | (78 57) | (708 80) | (0) | (0) | (787 37) |
| Dairy Science | | | | | | | | |
| 4536 | (2) | 7-20-60 | 0 | 0 | 20 90 | 0 | 0 | 20 90 |

* Case reported previously. # Case pending.

Champaign-Urbana
Agriculture (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Dairy Science (continued) | | | | | | | | |
| 4570 | (2) | 9-26-60 | 0 | 0 | 30 00 | 0 | 0 | 30 00 |
| 4574 | (2) | 9-27-60 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4609 | (1) | 10-24-60 | 0 | 0 | 18 00 | 0 | 0 | 18 00 |
| 4640 | (1) | 11-27-60 | 0 | 0 | 22 00 | 0 | 0 | 22 00 |
| 4705 | (1) | 2-9-61 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4751 | (2) | 4-5-61 | 15 | 54 86 | 35 00 | 0 | 0 | 89 86 |
| Total - Dairy Science: | (7 cases) | | (15) | (54 86) | (155 90) | (0) | (0) | (210 76) |
| Dixon Springs Experiment Station | | | | | | | | |
| 3428 | (2)*# | 6-20-56 | 0 | 0 | 0 | (I)1772 83 | 0 | 1772 83 |
| 4406 | (1)* | 3-18-60 | 0 | 0 | 12 90 | 0 | 0 | 12 90 |
| 4810 | (1) | 5-24-61 | 0 | 0 | 15 30 | 0 | 0 | 15 30 |
| Total - Dixon Springs Experiment Station: | (3 cases) | | (0) | (0) | (28 20) | (1772 83) | (0) | (1801 03) |
| Food Technology | | | | | | | | |
| 4664 | (5) | 12-19-60 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| Total - Food Technology: | (1 case) | | (0) | (0) | (3 00) | (0) | (0) | (3 00) |

* Case reported previously. # Case pending. (I) Installment Payments made during fiscal year on Final Settlement.

Champaign-Urbana
Agriculture (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Forestry | | | | | | | | |
| 4550 | (2) | 9-9-60 | 2 | 0 | 40 65 | 0 | 0 | 40 65 |
| 4581 | (1&5)# | 10-6-60 | 0 | 0 | 20 00 | 0 | 0 | 20 00 |
| Total - Forestry: | (2 cases) | | (2) | (0) | (60 65) | (0) | (0) | (60 65) |
| Home Economics | | | | | | | | |
| 4465 | (1) | 5-2-60 | 0 | 0 | 18 00 | 0 | 0 | 18 00 |
| Total - Home Economics: | (1 case) | | (0) | (0) | (18 00) | (0) | (0) | (18 00) |
| Horticulture | | | | | | | | |
| 3808 | (2) | 2-4-58 | 0 | 0 | 9 00 | 0 | 0 | 9 00 |
| 4539 | (1) | 8-1-60 | 0 | 0 | 20 00 | 0 | 0 | 20 00 |
| 4579 | (4) | 8-17-60 | 0 | 0 | 85 | 0 | 0 | 85 |
| 4591 | (2) | 10-20-60 | 10 | 21 86 | 37 45 | 0 | 0 | 59 31 |
| 4685 | (3) | 1-27-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4708 | (5) | 3-1-61 | 1 | 0 | 34 82 | 0 | 0 | 34 82 |
| 4769 | (1) | 4-23-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| Total - Horticulture: | (7 cases) | | (11) | (21 86) | (108 12) | (0) | (0) | (129 98) |

* Case reported previously. # Case pending.

Champaign-Urbana
Agriculture (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Robert Allerton Park | | | | | | | | |
| 4694 | (5) | 2-7-61 | 0 | 0 | 27 50 | 0 | 0 | 27 50 |
| 4699 | (2) | 2-15-61 | 0 | 0 | 31 00 | 0 | 0 | 31 00 |
| Total - Robert Allerton Park: (2 cases) | | | (0) | (0) | (58 50) | (0) | (0) | (58 50) |
| TOTAL - AGRICULTURE: | | (53 cases) | (99) | (463 86) | (1925 19) | (2889 58) | (0) | (5278 63) |

* Case reported previously. # Case pending.

Champaign-Urbana
Engineering

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Engineering Administration | | | | | | | | |
| 4718 | (2) | 12-22-60 | 0 | 0 | 30 00 | 0 | 0 | 30 00 |
| Total - Engineering Administration: (1 case) | | | (0) | (0) | (30 00) | (0) | (0) | (30 00) |
| Aeronautical Engineering | | | | | | | | |
| 4595 | (1) | 9-16-60 | 0 | 0 | 1 80 | 0 | 0 | 1 80 |
| Total - Aeronautical Engineering: (1 case) | | | (0) | (0) | (1 80) | (0) | (0) | (1 80) |
| Civil Engineering | | | | | | | | |
| 4456 | (2)* | 5-4-60 | 0 | 0 | 45 00 | 0 | 0 | 45 00 |
| 4499 | (2) | 7-7-60 | 24 | 154 29 | 34 50 | 225 00 | 0 | 413 79 |
| 4527 | (6) | 6-30-60 | 0 | 0 | 22 00 | 0 | 0 | 22 00 |
| 4554 | (1) | 8-19-60 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4569 | (1) | 9-22-60 | 73 | 521 43 | 407 45 | 1125 00 | 0 | 2053 88 |
| 4623 | (1)# | 11-18-60 | 0 | 0 | 3 50 | 0 | 0 | 3 50 |
| 4665 | (5) | 12-2-60 | 0 | 0 | 10 50 | 0 | 0 | 10 50 |
| Total - Civil Engineering: (7 cases) | | | (97) | (675 72) | (532 95) | (1350 00) | (0) | (2558 67) |

* Case reported previously. # Case pending.

Champaign-Urbana
Engineering (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Coordinated Science Laboratory | | | | | | | | |
| 4631 | (3) | 11-10-60 | 1 | 0 | 4 00 | 0 | 0 | 4 00 |
| 4799 | (1) | 6-5-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| Total - Coordinated Science Laboratory: (2 cases) | | | (1) | (0) | (7 00) | (0) | (0) | (7 00) |
| Electrical Engineering | | | | | | | | |
| 4394 | (2)* | 3-17-60 | 0 | 0 | 13 65 | 0 | 0 | 13 65 |
| 4483 | (2) | 6-13-60 | 7 | 0 | 28 50 | 0 | 0 | 28 50 |
| 4489 | (1) | 6-20-60 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4500 | (1) | 7-1-60 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4601 | (4) | 10-21-60 | 0 | 0 | 4 50 | 0 | 0 | 4 50 |
| 4604 | (5) | 10-27-60 | 0 | 0 | 21 00 | 0 | 0 | 21 00 |
| 4608 | (2) | 10-26-60 | 0 | 0 | 31 75 | 0 | 0 | 31 75 |
| 4629 | (2) | 11-3-60 | 10 | 20 57 | 204 00 | 0 | 0 | 224 57 |
| 4677 | (6) | 1-12-61 | 0 | 0 | 7 00 | 0 | 0 | 7 00 |
| 4742 | (3) | 1-5-61 | 0 | 0 | 14 00 | 0 | 0 | 14 00 |
| 4768 | (2) | 3-22-61 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| Total - Electrical Engineering: (11 cases) | | | (17) | (20 57) | (359 40) | (0) | (0) | (379 97) |

* Case reported previously. # Case pending.

Champaign-Urbana
Engineering (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Physics | | | | | | | | |
| 2217 | (5)*# | 1944 | 0 | 0 | 123 00 | 0 | 23 33 | 146 33 |
| 4480 | (2) | 5-26-60 | 0 | 0 | 18 00 | 0 | 0 | 18 00 |
| 4533 | (2) | 8-18-60 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4547 | (6) | 9-10-60 | 0 | 0 | 2 50 | 0 | 0 | 2 50 |
| 4555 | (5) | 9-13-60 | 0 | 0 | 18 00 | 0 | 0 | 18 00 |
| 4593 | (12)# | 10-28-60 | death | 0 | 15 00 | (I)1785 01 | 0 | 1800 01 |
| 4600 | (2)# | 9-30-60 | 30 | 197 14 | 496 75 | 0 | 0 | 693 89 |
| 4606 | (2) | 11-3-60 | 0 | 0 | 44 50 | 0 | 0 | 44 50 |
| 4630 | (5) | 10-25-60 | 0 | 0 | 13 85 | 0 | 0 | 13 85 |
| 4647 | (12)# | 1-2-61 | 179 | 652 08 | 2417 64 | 0 | 0 | 3069 72 |
| 4662 | (3) | 12-7-60 | 0 | 0 | 4 00 | 0 | 0 | 4 00 |
| 4696 | (3&5) | 2-8-61 | 0 | 0 | 13 00 | 0 | 0 | 13 00 |
| 4771 | (9) | 5-1-61 | 0 | 0 | 0 | 450 00 | 0 | 450 00 |
| Total - Physics: | | (13 cases) | (209) | (849 22) | (3181 24) | (2235 01) | (23 33) | (6288 80) |
| TOTAL - ENGINEERING: | | (35 cases) | (324) | (1545 51) | (4112 39) | (3585 01) | (23 33) | (9266 24) |

* Case reported previously. # Case pending. (I) Installment Payments made during fiscal year on Final Settlement.

Champaign-Urbana
Education

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Institute for Research on Exceptional Children | | | | | | | | |
| 4512 | (2) | 7-20-60 | 0 | 0 | 35 50 | 0 | 0 | 35 50 |
| Total - Institute for Research on Exceptional Children: | (1 case) | | (0) | (0) | (35 50) | (0) | (0) | (35 50) |
| TOTAL - EDUCATION: | (1 case) | | (0) | (0) | (35 50) | (0) | (0) | (35 50) |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Education

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Physical Education for Men | | | | | | | | |
| 4757 | (1) | 3-22-61 | 0 | 0 | 44 25 | 0 | 0 | 44 25 |
| 4766 | (2)# | 4-10-61 | 0 | 0 | 38 00 | 0 | 0 | 38 00 |
| 4790 | (2)# | 5-4-61 | 0 | 0 | 25 00 | 0 | 0 | 25 00 |
| Total - Physical Education For Men: (3 cases) | | | (0) | (0) | (107 25) | (0) | (0) | (107 25) |
| Physical Education for Women | | | | | | | | |
| 4594 | (2) | 10-21-60 | 0 | 0 | 59 00 | 0 | 0 | 59 00 |
| 4598 | (2) | 10-18-60 | 0 | 0 | 60 05 | 0 | 0 | 60 05 |
| 4617 | (2) | 10-12-60 | 5 | 0 | 29 00 | 0 | 0 | 29 00 |
| 4719 | (1) | 3-2-61 | 10 | 19 29 | 70 00 | 0 | 0 | 89 29 |
| Total - Physical Education for Women: (4 cases) | | | (15) | (19 29) | (218 05) | (0) | (0) | (237 34) |
| TOTAL - PHYSICAL EDUCATION: (7 cases) | | | (15) | (19 29) | (325 30) | (0) | (0) | (344 59) |

* Case reported previously. # Case pending.

Champaign-Urbana
Veterinary Medicine

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| 4526 | (3) | 6-22-60 | 0 | 0 | 3 90 | 0 | 0 | 3 90 |
| 4661 | (2) | 10-30-60 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4727 | (1)# | 3-18-61 | 0 | 0 | 13 00 | 0 | 0 | 13 00 |
| 4780 | (1) | 5-14-61 | 0 | 0 | 5 00 | 0 | 0 | 5 00 |
| TOTAL - VETERINARY MEDICINE: (4 cases) | | | (0) | (0) | (31 90) | (0) | (0) | (31 90) |

* Case reported previously. # Case pending.

Champaign-Urbana
Communications

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Television and Motion Pictures | | | | | | | | |
| 4577 | (2) | 10-1-60 | 0 | 0 | 13 00 | 0 | 0 | 13 00 |
| 4635 | (1) | 11-29-60 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| Total - Television and Motion Pictures: (2 cases) | | | (0) | (0) | (23 00) | (0) | (0) | (23 00) |
| TOTAL - COMMUNICATIONS: (2 cases) | | | (0) | (0) | (23 00) | (0) | (0) | (23 00) |

* Case reported previously. # Case pending.

Champaign-Urbana
University Extension

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Robert Allerton House | | | | | | | | |
| 4475 | (3) | 6-1-60 | 0 | 0 | 6 00 | 0 | 0 | 6 00 |
| 4509 | (2) | 7-17-60 | 0 | 0 | 12 00 | 0 | 0 | 12 00 |
| 4529 | (3) | 8-9-60 | 0 | 0 | 20 00 | 0 | 0 | 20 00 |
| 4560 | (1) | 9-17-60 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4749 | (1) | 4-5-61 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| Total - Robert Allerton House: (5 cases) | | | (0) | (0) | (63 00) | (0) | (0) | (63 00) |
| Visual Aids | | | | | | | | |
| 4679 | (2) | 1-20-61 | 0 | 0 | 16 75 | 0 | 0 | 16 75 |
| Total - Visual Aids: (1 case) | | | (0) | (0) | (16 75) | (0) | (0) | (16 75) |
| TOTAL - UNIVERSITY EXTENSION: (6 cases) | | | (0) | (0) | (79 75) | (0) | (0) | (79 75) |

* Case reported previously. # Case pending.

Champaign-Urbana
State Water Survey

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| 4680 | (12) | 1-11-61 | 4 | 0 | 37 00 | 0 | 0 | 37 00 |
| TOTAL - STATE WATER SURVEY: (1 case) | | | (4) | (0) | (37 00) | (0) | (0) | (37 00) |

* Case reported previously. # Case pending.

Champaign-Urbana
Institute of Aviation

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Airport | | | | | | | | |
| 4414 | (2)* | 3-9-60 | 0 | 0 | 30 00 | 0 | 0 | 30 00 |
| 4505 | (2) | 7-18-60 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4667 | (1) | 12-1-60 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4775 | (3) | 5-19-61 | 0 | 0 | 9 85 | 0 | 0 | 9 85 |
| Total - Airport: | | (4 cases) | (0) | (0) | (64 85) | (0) | (0) | (64 85) |
| TOTAL - INSTITUTE OF AVIATION: (4 cases) | | | (0) | (0) | (64 85) | (0) | (0) | (64 85) |

* Case reported previously. # Case pending.

Champaign-Urbana
Library

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| 4490 | (2) | 6-28-60 | 0 | 0 | 17 00 | 0 | 0 | 17 00 |
| 4642 | (6) | 12-13-60 | 0 | 0 | 9 40 | 0 | 0 | 9 40 |
| TOTAL - LIBRARY: | (2 cases) | | (0) | (0) | (26 40) | (0) | (0) | (26 40) |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| 3919 | (1&2) | 7-22-58 | 0 | 0 | 0 | 0 | 0 | **652 40 |
| 4102 | (2)*# | 3-11-59 | 62 | 398 58 | 1818 92 | 0 | 0 | 2217 50 |
| 4294 | (1)*# | 10-12-59 | 64 | 411 43 | 191 20 | 0 | 0 | 602 63 |
| 4367 | (9)* | 5-21-59 | 45 | 250 71 | 0 | 0 | 0 | 250 71 |
| 4377 | (9)* | 2-25-60 | 48 | 308 58 | 399 35 | 0 | 0 | 707 93 |
| 4380 | (2)# | 8-11-59 | 39 | 278 57 | 216 25 | 0 | 0 | 494 82 |
| 4384 | (2)# | 3-8-60 | 60 | 617 15 | 1132 95 | 0 | 0 | 1750 10 |
| 4391 | (2)* | 2-25-60 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4422 | (2)*# | 4-6-60 | 20 | 92 86 | 0 | 0 | 0 | 92 86 |
| 4427 | (2)*# | 4-20-60 | 0 | 0 | 320 10 | 0 | 0 | 320 10 |
| 4469 | (1)* | 5-24-60 | 0 | 0 | 190 00 | 1008 00 | 0 | 1198 00 |
| 4472 | (1) | 5-28-60 | 0 | 0 | 1 50 | 0 | 0 | 1 50 |
| 4478 | (1) | 6-7-60 | 2 | 0 | 22 50 | 0 | 0 | 22 50 |
| 4482 | (2)# | 6-9-60 | 164 | 1054 29 | 884 65 | 0 | 0 | 1938 94 |
| 4486 | (1) | 6-14-60 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4494 | (5) | 7-10-60 | 0 | 0 | 1 50 | 0 | 0 | 1 50 |
| 4495 | (9) | 7-6-60 | 35 | 240 00 | 439 95 | 0 | 0 | 679 95 |

* Case reported previously. # Case pending. ** Refund.

Champaign-Urbana
Physical Plant (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| 4497 | (1) | 7-15-60 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4498 | (9) | 6-30-60 | 46 | 328 57 | 484 05 | 0 | 0 | 812 62 |
| 4501 | (1) | 7-29-60 | 0 | 0 | 15 40 | 0 | 0 | 15 40 |
| 4502 | (5) | 7-30-60 | 0 | 0 | 16 50 | 0 | 0 | 16 50 |
| 4506 | (5) | 7-26-60 | 0 | 0 | 21 00 | 0 | 0 | 21 00 |
| 4507 | (5) | 7-27-60 | 0 | 0 | 21 00 | 0 | 0 | 21 00 |
| 4508 | (1) | 7-20-60 | 14 | 46 00 | 0 | 0 | 0 | 46 00 |
| 4516 | (2) | 8-2-60 | 0 | 0 | 11 65 | 0 | 0 | 11 65 |
| 4518 | (2)# | 8-9-60 | 0 | 0 | 31 50 | 0 | 0 | 31 50 |
| 4519 | (2) | 8-8-60 | 0 | 0 | 4 80 | 0 | 0 | 4 80 |
| 4523 | (5) | 8-3-60 | 0 | 0 | 35 10 | 0 | 0 | 35 10 |
| 4524 | (6) | 8-11-60 | 0 | 0 | 5 00 | 0 | 0 | 5 00 |
| 4540 | (1) | 8-19-60 | 0 | 0 | 2 00 | 0 | 0 | 2 00 |
| 4541 | (1) | 8-31-60 | 10 | 19 29 | 36 50 | 0 | 0 | 55 79 |
| 4542 | (12) | 9-1-60 | 0 | 0 | 216 00 | 0 | 0 | 216 00 |
| 4543 | (1) | 8-29-60 | 34 | 233 14 | 129 00 | 600 00 | 0 | 962 14 |
| 4544 | (2) | 8-31-60 | 7 | 0 | 22 00 | 0 | 0 | 22 00 |
| 4546 | (2) | 9-1-60 | 3 | 0 | 2 35 | 0 | 0 | 2 35 |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| 4549 | (4) | 9-9-60 | 0 | 0 | 7 50 | 0 | 0 | 7 50 |
| 4552 | (1) | 8-27-60 | 3 | 0 | 30 65 | 0 | 0 | 30 65 |
| 4553 | (5) | 9-8-60 | 2 | 0 | 63 00 | 0 | 0 | 63 00 |
| 4557 | (12) | 9-19-60 | death | 0 | 15 00 | 11847 12 | 400 00 | 12262 12 |
| 4558 | (1&2)# | 9-19-60 | 140 | 959 99 | 3127 88 | 0 | 0 | 4087 87 |
| 4559 | (1) | 9-2-60 | 0 | 0 | 2 50 | 0 | 0 | 2 50 |
| 4561 | (5) | 9-6-60 | 0 | 0 | 1 50 | 0 | 0 | 1 50 |
| 4562 | (5) | 9-20-60 | 0 | 0 | 8 40 | 0 | 0 | 8 40 |
| 4564 | (12) | 9-5-60<br>9-9-60 | 0 | 0 | 17 50 | 0 | 0 | 17 50 |
| 4565 | (2) | 9-12-60 | 5 | 0 | 21 00 | 0 | 0 | 21 00 |
| 4566 | (2) | 9-22-60 | 0 | 0 | 28 00 | 0 | 0 | 28 00 |
| 4572 | (12) | 9-19-60 | 0 | 0 | 5 00 | 0 | 0 | 5 00 |
| 4576 | (2) | 9-29-60 | 17 | 64 29 | 46 00 | 0 | 0 | 110 29 |
| 4578 | (6) | 10-11-60 | 0 | 0 | 4 00 | 0 | 0 | 4 00 |
| 4582 | (1) | 10-7-60 | 17 | 68 57 | 159 50 | 0 | 0 | 228 07 |
| 4586 | (2&9) | 9-7-60 | 69 | 502 71 | 411 45 | 0 | 0 | 914 16 |
| 4590 | (2) | 10-14-60 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4607 | (2) | 11-4-60 | 23 | 151 14 | 189 10 | 0 | 0 | 340 24 |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| 4611 | (1) | 11-14-60 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4612 | (3) | 10-2-60 | 0 | 0 | 3 50 | 0 | 0 | 3 50 |
| 4613 | (1) | 11-14-60 | 1 | 0 | 70 00 | 0 | 0 | 70 00 |
| 4615 | (1) | 11-16-60 | 0 | 0 | 4 00 | 0 | 0 | 4 00 |
| 4616 | (5) | 11-11-60 | 0 | 0 | 6 50 | 0 | 0 | 6 50 |
| 4622 | (1) | 11-22-60 | 2 | 0 | 41 50 | 0 | 0 | 41 50 |
| 4625 | (2) | 11-29-60 | 34 | 218 57 | 15 00 | 0 | 0 | 233 57 |
| 4626 | (4) | 11-28-60 | 0 | 0 | 5 00 | 0 | 0 | 5 00 |
| 4627 | (1) | 11-28-60 | 0 | 0 | 4 00 | 0 | 0 | 4 00 |
| 4633 | (2) | 11-23-60 | 0 | 0 | 20 00 | 0 | 0 | 20 00 |
| 4634 | (11) | 6-60 | 47 | 322 29 | 97 00 | 0 | 0 | 419 29 |
| 4636 | (1) | 12-5-60 | 0 | 0 | 4 50 | 0 | 0 | 4 50 |
| 4637 | (1) | 9-3-60 | 0 | 0 | 7 75 | 0 | 0 | 7 75 |
| 4644 | (1) | 12-13-60 | 0 | 0 | 4 00 | 0 | 0 | 4 00 |
| 4646 | (2) | 12-7-60 | 0 | 0 | 9 00 | 0 | 0 | 9 00 |
| 4648 | (6) | 12-1-60 | 0 | 0 | 4 00 | 0 | 0 | 4 00 |
| 4654 | (2) | 12-27-60 | 0 | 0 | 5 00 | 0 | 0 | 5 00 |
| 4656 | (2) | 12-15-60 | 18 | 80 14 | 163 15 | 0 | 0 | 243 29 |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| 4659 | (3) | 12-19-60 | 0 | 0 | 40 00 | 0 | 0 | 40 00 |
| 4660 | (2) | 12-11-60 | 0 | 0 | 9 00 | 0 | 0 | 9 00 |
| 4674 | (1) | 1-14-61 | 0 | 0 | 14 00 | 0 | 0 | 14 00 |
| 4676 | (1) | 1-3-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4681 | (2) | 1-18-61 | 11 | 25 71 | 104 00 | 0 | 0 | 129 71 |
| 4682 | (5) | 1-17-61 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4683 | (1) | 1-26-61 | 10 | 19 29 | 12 00 | 0 | 0 | 31 29 |
| 4690 | (2) | 2-2-61 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4692 | (2) | 2-13-61 | 1 | 0 | 10 30 | 0 | 0 | 10 30 |
| 4695 | (5) | 2-23-61 | 3 | 0 | 116 35 | 0 | 0 | 116 35 |
| 4706 | (2) | 2-15-61 | 10 | 20 57 | 4 00 | 0 | 0 | 24 57 |
| 4707 | (12) | 2-8-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4709 | (2)# | 3-2-61 | 0 | 0 | 38 80 | 0 | 0 | 38 80 |
| 4723 | (1) | 3-13-61 | 0 | 0 | 5 47 | 0 | 0 | 5 47 |
| 4725 | (5) | 3-17-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4726 | (1) | 3-6-61 | 0 | 0 | 16 00 | 0 | 0 | 16 00 |
| 4729 | (3) | 3-13-61 | 1 | 0 | 37 52 | 0 | 0 | 37 52 |
| 4731 | (2) | 3-7-61 | 5 | 0 | 24 95 | 0 | 0 | 24 95 |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| 4739 | (1) | 3-21-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4740 | (2)# | 3-30-61 | 17 | 64 29 | 32 00 | 0 | 0 | 96 29 |
| 4741 | (1)# | 2-24-61 | 0 | 0 | 27 00 | 0 | 0 | 27 00 |
| 4744 | (1) | 3-30-61 | 0 | 0 | 3 40 | 0 | 0 | 3 40 |
| 4745 | (1) | 4-3-61 | 1 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4753 | (5) | 4-13-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4754 | (1) | 4-7-61 | 0 | 0 | 5 00 | 0 | 0 | 5 00 |
| 4755 | (2) | 4-14-61 | 0 | 0 | 18 00 | 0 | 0 | 18 00 |
| 4773 | (5) | 5-5-61 | 0 | 0 | 23 50 | 0 | 0 | 23 50 |
| 4781 | (1) | 5-11-61 | 0 | 0 | 5 00 | 0 | 0 | 5 00 |
| 4789 | (2) | 5-25-61 | 0 | 0 | 5 00 | 0 | 0 | 5 00 |
| 4802 | (1) | 6-7-61 | 4 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4803 | (1) | 6-12-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4804 | (5) | 6-9-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4805 | (1) | 6-7-61 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| TOTAL - PHYSICAL PLANT: (104 cases) | | | (1094) | (6776 73) | (11947 89) | (13455 12) | (400 00) | (32579 74) |
| Less Refund on Case #3919 | | | | | 652 40 | | | 652 40 |
| | | | | | (11295 49) | | | (31927 34) |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant - Auxiliary Enterprises

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Illini Union | | | | | | | | |
| 4385 | (1)* | 2-18-60 | 25 | 91 07 | 0 | 408 00 | 0 | 499 07 |
| 4470 | (9) | 6-5-60 | 70 | 460 00 | 445 15 | 0 | 0 | 905 15 |
| 4471 | (1) | 5-5-60 | 0 | 0 | 37 00 | 0 | 0 | 37 00 |
| 4473 | (1) | 3-10-60 | 0 | 0 | 16 00 | 0 | 0 | 16 00 |
| 4504 | (2) | 6-15-60 | 0 | 0 | 9 00 | 0 | 0 | 9 00 |
| 4515 | (2) | 6-21-60 | 0 | 0 | 27 00 | 0 | 0 | 27 00 |
| 4520 | (2) | 7-28-60 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4567 | (1) | 9-25-60 | 7 | 0 | 2 00 | 0 | 0 | 2 00 |
| 4603 | (2) | 10-26-60 | 0 | 0 | 9 00 | 0 | 0 | 9 00 |
| 4618 | (1) | 10-29-60 | 3 | 0 | 6 50 | 0 | 0 | 6 50 |
| 4666 | (3) | 11-15-60 | 6 | 0 | 39 00 | 0 | 0 | 39 00 |
| 4684 | (2)# | 9-23-60 | 0 | 0 | 6 55 | 0 | 0 | 6 55 |
| 4703 | (1) | 1-14-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4710 | (4) | 2-13-61 | 0 | 0 | 4 00 | 0 | 0 | 4 00 |
| 4711 | (2) | 2-7-61 | 0 | 0 | 24 00 | 0 | 0 | 24 00 |
| 4728 | (11) | 3-1-61 | 1 | 0 | 6 30 | 0 | 0 | 6 30 |
| 4730 | (1) | 3-6-61 | 7 | 0 | 33 00 | 0 | 0 | 33 00 |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant - Auxiliary Enterprises (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Illini Union (continued) | | | | | | | | |
| 4738 | (2)# | 2-20-61 | 17 | 64 29 | 51 25 | 0 | 0 | 115 54 |
| 4756 | (1)# | 3-7-61 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4788 | (1) | 5-12-61 | 0 | 0 | 20 00 | 0 | 0 | 20 00 |
| Total - Illini Union: | (20 cases) | | (136) | (615 36) | (763 75) | (408 00) | (0) | (1787 11) |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant - Auxiliary Enterprises (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Housing Division | | | | | | | | |
| 4120 | (2)* | 4-2-59 | 0 | 0 | 53 00 | 100 00 | 0 | 153 00 |
| 4413 | (2)* | 3-25-60 | 0 | 0 | 12 00 | 0 | 0 | 12 00 |
| 4440 | (4)* | 5-6-60 | 0 | 0 | 40 00 | 0 | 0 | 40 00 |
| 4474 | (1&2) | 5-23-60 | 0 | 0 | 6 00 | 0 | 0 | 6 00 |
| 4479 | (3) | 6-2-60 | 0 | 0 | 1 50 | 0 | 0 | 1 50 |
| 4481 | (1) | 5-26-60 | 0 | 0 | 1 50 | 0 | 0 | 1 50 |
| 4491 | (2) | 6-7-60 | 0 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4492 | (5) | 6-24-60 | 0 | 0 | 1 50 | 0 | 0 | 1 50 |
| 4522 | (1) | 6-24-60 | 0 | 0 | 171 00 | 50 00 | 0 | 221 00 |
| 4548 | (2) | 9-7-60 | 11 | 25 71 | 20 00 | 0 | 0 | 45 71 |
| 4580 | (2) | 10-10-60 | 9 | 12 86 | 103 00 | 0 | 0 | 115 86 |
| 4596 | (2) | 10-11-60 | 0 | 0 | 7 00 | 0 | 0 | 7 00 |
| 4597 | (1) | 10-22-60 | 19 | 77 14 | 64 80 | 0 | 0 | 141 94 |
| 4602 | (12) | 10-31-60 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4610 | (2) | 10-20-60 | 0 | 0 | 29 70 | 0 | 0 | 29 70 |
| 4614 | (2) | 11-2-60 | 0 | 0 | 12 00 | 0 | 0 | 12 00 |
| 4619 | (4) | 9-28-60 | 2 | 0 | 9 45 | 0 | 0 | 9 45 |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant - Auxiliary Enterprises (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Housing Division (continued) | | | | | | | | |
| 4620 | (3) | 11-16-60 | 2 | 0 | 4 00 | 0 | 0 | 4 00 |
| 4628 | (3) | 11-13-60 | 0 | 0 | 3 50 | 0 | 0 | 3 50 |
| 4643 | (3) | 12-7-60 | 0 | 0 | 4 00 | 0 | 0 | 4 00 |
| 4650 | (2) | 12-2-60 | 2 | 0 | 6 00 | 0 | 0 | 6 00 |
| 4653 | (2) | 12-7-60 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4655 | (2) | 10-28-60 | 1 | 0 | 37 00 | 0 | 0 | 37 00 |
| 4658 | (1) | 12-12-60 | 0 | 0 | 51 00 | 0 | 0 | 51 00 |
| 4671 | (2) | 1-19-61 | 3 | 0 | 18 80 | 0 | 0 | 18 80 |
| 4672 | (1) | 1-5-61 | 0 | 0 | 195 85 | 0 | 0 | 195 85 |
| 4687 | (2)# | 1-26-61 | 1 | 0 | 10 00 | 0 | 0 | 10 00 |
| 4688 | (1) | 1-23-61 | 0 | 0 | 7 00 | 0 | 0 | 7 00 |
| 4689 | (1)# | 11-18-60 | 0 | 0 | 12 00 | 0 | 0 | 12 00 |
| 4693 | (1) | 2-7-61 | 0 | 0 | 26 00 | 0 | 0 | 26 00 |
| 4698 | (1) | 2-25-61 | 0 | 0 | 10 47 | 0 | 0 | 10 47 |
| 4700 | (3) | 2-20-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4701 | (1&3)# | 2-18-61 | 72 | 462 86 | 772 31 | 0 | 0 | 1235 17 |
| 4702 | (2) | 2-7-61 | 4 | 0 | 4 82 | 0 | 0 | 4 82 |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant - Auxiliary Enterprises (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Housing Division (continued) | | | | | | | | |
| 4704 | (3) | 2-12-61 | 9 | 12 86 | 18 25 | 0 | 0 | 31 11 |
| 4712 | (2)# | 2-24-61 | 0 | 0 | 81 10 | 0 | 0 | 81 10 |
| 4716 | (2)# | 2-27-61 | 0 | 0 | 30 05 | 0 | 0 | 30 05 |
| 4717 | (1) | 3-1-61 | 0 | 0 | 5 47 | 0 | 0 | 5 47 |
| 4733 | (1) | 3-16-61 | 3 | 0 | 52 91 | 0 | 0 | 52 91 |
| 4752 | (2)# | 4-8-61 | 8 | 6 43 | 70 95 | 0 | 0 | 77 38 |
| 4758 | (1)# | 3-15-61 | 12 | 32 14 | 0 | 0 | 0 | 32 14 |
| 4761 | (3) | 4-11-61 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| 4763 | (1)# | 3-7-61 | 2 | 0 | 30 00 | 0 | 0 | 30 00 |
| 4770 | (5) | 4-28-61 | 0 | 0 | 6 00 | 0 | 0 | 6 00 |
| 4779 | (2) | 5-5-61 | 5 | 0 | 22 25 | 0 | 0 | 22 25 |
| 4800 | (3) | 5-30-61 | 0 | 0 | 15 00 | 0 | 0 | 15 00 |
| 4801 | (1) | 6-7-61 | 0 | 0 | 15 40 | 0 | 0 | 15 40 |
| 4809 | (2) | 6-8-61 | 0 | 0 | 19 00 | 0 | 0 | 19 00 |
| Total - Housing Division: (48 cases) | | | (165) | (630 00) | (2095 58) | (150 00) | (0) | (2875 58) |

* Case reported previously. # Case pending.

Champaign-Urbana
Physical Plant - Auxiliary Enterprises (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| TOTAL - Physical Plant - Auxiliary Enterprises: | (68 cases) | | (301) | (1245 36) | (2859 33) | (558 00) | (0) | (4662 69) |
| TOTAL - PHYSICAL PLANT: | (172 cases) | | (1395) | (8032 09) | (14154 82) | (14013 12) | (400 00) | (36590 03) |
| TOTAL - CHAMPAIGN-URBANA: | (320 cases) | | (1884) | (10217 89) | (21867 20) | (25387 71) | (423 33) | (57896 13) |

CHICAGO PROFESSIONAL COLLEGES

Chicago Professional Colleges
College of Medicine

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Biological Chemistry | | | | | | | | |
| C-481 | (1) | 6-14-60 | 0 | 0 | 1 65 | 0 | 0 | 1 65 |
| Total - Biological Chemistry: (1 case) | | | (0) | (0) | (1 65) | (0) | (0) | (1 65) |
| Bacteriology | | | | | | | | |
| C-513 | (1) | 4-5-61 | 0 | 0 | 8 35 | 0 | 0 | 8 35 |
| Total - Bacteriology: (1 case) | | | (0) | (0) | (8 35) | (0) | (0) | (8 35) |
| Microbiology | | | | | | | | |
| C-453 | (3) | 4-5-60 | 0 | 0 | 45 | 0 | 0 | 45 |
| Total - Microbiology: (1 case) | | | (0) | (0) | (45) | (0) | (0) | (45) |
| Radiology | | | | | | | | |
| C-464 | (2) | 7-13-60 | 18 | 70 71 | 1 68 | 0 | 0 | 72 39 |
| Total - Radiology: (1 case) | | | (18) | (70 71) | (1 68) | (0) | (0) | (72 39) |

* Case reported previously. # Case pending.

Chicago Professional Colleges
College of Medicine (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Medical Research Laboratory | | | | | | | | |
| C-474 | (1) | 7-28-60 | 0 | 0 | 1 46 | 0 | 0 | 1 46 |
| C-492 | (2) | 10-7-60 | 9 | 14 57 | 0 | 0 | 0 | 14 57 |
| Total - Medical Research Laboratory: (2 cases) | | | (9) | (14 57) | (1 46) | (0) | (0) | (16 03) |
| TOTAL - COLLEGE OF MEDICINE: (6 cases) | | | (27) | (85 28) | (13 59) | (0) | (0) | (98 87) |

* Case reported previously. # Case pending.

Chicago Professional Colleges
College of Dentistry

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Oral Pathology | | | | | | | | |
| C-496 | (1) | 12-28-60 | 0 | 0 | 30 | 0 | 0 | 30 |
| Total - Oral Pathology: | | (1 case) | (0) | (0) | (30) | (0) | (0) | (30) |
| TOTAL - COLLEGE OF DENTISTRY: | | (1 case) | (0) | (0) | (30) | (0) | (0) | (30) |

* Case reported previously. # Case pending.

Chicago Professional Colleges
Research and Educational Hospitals

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Dietary | | | | | | | | |
| C-467 | (1) | 7-27-60 | 4 | 0 | 10 00 | 0 | 0 | 10 00 |
| C-507 | (1) | 3-10-61 | 23 | 147 86 | 0 | 0 | 0 | 147 86 |
| C-510 | (5) | 3-30-61 | 6 | 0 | 1 17 | 0 | 0 | 1 17 |
| C-511 | (1) | 1-26-61 | 0 | 0 | 18 | 0 | 0 | 18 |
| Total - Dietary: | | (4 cases) | (33) | (147 86) | (11 35) | (0) | (0) | (159 21) |
| Nursing | | | | | | | | |
| C-429 | (2)* | 7-3-59 | 42 | 288 00 | 25 00 | 0 | 45 50 | 358 50 |
| C-439 | (2)* | 2-12-60 | 16 | 105 14 | 60 00 | 0 | 0 | 165 14 |
| C-441 | (2)* | 2-15-60 | 29 | 207 14 | 27 20 | 0 | 0 | 234 34 |
| C-456 | (2) | 3-5-60 | 0 | 0 | 4 85 | 0 | 0 | 4 85 |
| C-457 | (2) | 5-4-60 | 2 | 0 | 1 94 | 0 | 0 | 1 94 |
| C-458 | (1)# | 6-14-60 | 0 | 0 | 45 00 | 0 | 0 | 45 00 |
| C-463 | (1) | 6-30-60 | 0 | 0 | 20 | 0 | 0 | 20 |
| C-465 | (3) | 6-29-60 | 0 | 0 | 50 | 0 | 0 | 50 |
| C-468 | (2) | 7-18-60 | 0 | 0 | 4 05 | 0 | 0 | 4 05 |

* Case reported previously. # Case pending.

Chicago Professional Colleges
Research and Educational Hospitals (continued)

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Nursing (continued) | | | | | | | | |
| C-469 | (2)# | 6-14-60 | 0 | 0 | 25 50 | 0 | 0 | 25 50 |
| C-473 | (1) | 7-25-60 | 6 | 0 | 48 | 0 | 0 | 48 |
| C-475 | (3) | 9-8-60 | 3 | 0 | 30 | 0 | 0 | 30 |
| C-477 | (2) | 9-13-60 | 2 | 0 | 1 15 | 0 | 0 | 1 15 |
| C-482 | (3) | 9-1-60 | 0 | 0 | 12 | 0 | 0 | 12 |
| C-485 | (2) | 10-12-60 | 49 | 322 00 | 0 | 0 | 0 | 322 00 |
| C-493 | (3) | 11-12-60 | 1 | 0 | 46 | 0 | 0 | 46 |
| C-497 | (2)# | 11-7-60 | 8 | 6 57 | 65 | 0 | 0 | 7 22 |
| C-500 | (2)# | 1-11-61 | 15 | 54 86 | 3 60 | 0 | 0 | 58 46 |
| C-506 | (2)# | 3-20-61 | 42 | 270 00 | 0 | 0 | 0 | 270 00 |
| C-512 | (1) | 3-1-61 | 0 | 0 | 37 | 0 | 0 | 37 |
| Total - Nursing: | | (20 cases) | (215) | (1253 71) | (201 37) | (0) | (45 50) | (1500 58) |
| Surgery | | | | | | | | |
| C-499 | (1)# | 10-21-60 | 10 | 20 57 | 6 78 | 0 | 0 | 27 35 |
| Total - Surgery: | | (1 case) | (10) | (20 57) | (6 78) | (0) | (0) | (27 35) |
| TOTAL - RESEARCH AND EDUCATIONAL HOSPITALS: | | (25 cases) | (258) | (1422 14) | (219 50) | (0) | (45 50) | (1687 14) |

* Case reported previously. # Case pending.

Chicago Professional Colleges
Physical Plant

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| C-454 | (1) | 5-19-60 | 0 | 0 | 43 | 0 | 0 | 43 |
| C-455 | (2) | 5-17-60 | 2 | 0 | 2 60 | 0 | 0 | 2 60 |
| C-460 | (1) | 6-28-60 | 8 | 7 14 | 50 | 0 | 0 | 7 64 |
| C-466 | (3) | 7-22-60 | 5 | 0 | 15 00 | 0 | 0 | 15 00 |
| C-472 | (1) | 8-23-60 | 1 | 0 | 50 | 0 | 0 | 50 |
| C-478 | (2) | 8-31-60 | 9 | 14 29 | 2 42 | 0 | 0 | 16 71 |
| C-483 | (5) | 9-13-60 | 9 | 13 14 | 0 | 0 | 0 | 13 14 |
| C-486 | (5) | 10-28-60 | 3 | 0 | 1 10 | 0 | 0 | 1 10 |
| C-490 | (2)# | 11-28-60 | 23 | 151 14 | 148 50 | 0 | 0 | 299 64 |
| C-491 | (2) | 11-17-60 | 17 | 64 29 | 10 30 | 0 | 0 | 74 59 |
| C-495 | (2) | 11-2-60 | 51 | 335 15 | 5 66 | 0 | 0 | 340 81 |
| C-501 | (1) | 1-27-61 | 9 | 14 29 | 0 | 0 | 0 | 14 29 |
| C-509 | (5) | 4-6-61 | 1 | 0 | 90 | 0 | 0 | 90 |
| C-514 | (2) | 4-17-61 | 6 | 0 | 20 60 | 0 | 0 | 20 60 |
| TOTAL - PHYSICAL PLANT: | (17 cases) | | (144) | (599 44) | (208 51) | (0) | (0) | (807 95) |

* Case reported previously. # Case pending.

Chicago Professional Colleges
Illini Union

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| C-437 | (1)* | 4-13-60 | 11 | 28 57 | 0 | 0 | 0 | 28 57 |
| C-470 | (2) | 7-6-60 | 0 | 0 | 1 11 | 0 | 0 | 1 11 |
| C-494 | (1)# | 11-11-60 | 0 | 0 | 46 | 0 | 0 | 46 |
| TOTAL - ILLINI UNION: | | (3 cases) | (11) | (28 57) | (1 57) | (0) | (0) | (30 14) |
| TOTAL - CHICAGO PROFESSIONAL COLLEGES: | | (49 cases) | (440) | (2135 43) | (443 47) | (0) | (45 50) | (2624 40) |

* Case reported previously. # Case pending.

CHICAGO UNDERGRADUATE DIVISION

Chicago Undergraduate Division
Liberal Arts and Sciences

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| Biological Sciences | | | | | | | | |
| C-504 | (4) | 2-8-61 | 0 | 0 | 5 00 | 0 | 0 | 5 00 |
| Total - Biological Sciences: (1 case) | | | (0) | (0) | (5 00) | (0) | (0) | (5 00) |
| Physical Sciences | | | | | | | | |
| C-502 | (5) | 1-10-61 | 0 | 0 | 5 00 | 0 | 0 | 5 00 |
| Total - Physical Sciences: (1 case) | | | (0) | (0) | (5 00) | (0) | (0) | (5 00) |
| TOTAL - LIBERAL ARTS AND SCIENCES: (2 cases) | | | (0) | (0) | (10 00) | (0) | (0) | (10 00) |

* Case reported previously. # Case pending.

Chicago Undergraduate Division
Engineering

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| C-476 | (2) | 8-3-60 | 5 | 0 | 31 35 | 0 | 0 | 31 35 |
| TOTAL - ENGINEERING: | | (1 case) | (5) | (0) | (31 35) | (0) | (0) | (31 35) |

* Case reported previously. # Case pending.

Chicago Undergraduate Division
Physical Plant

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| C-459 | (2) | 6-28-60 | 1 | 0 | 45 00 | 0 | 0 | 45 00 |
| C-462 | (2) | 6-17-60 | 2 | 0 | 21 50 | 0 | 0 | 21 50 |
| C-471 | (1) | 8-20-60 | 0 | 0 | 45 00 | 0 | 0 | 45 00 |
| C-479 | (4) | 9-7-60 | 0 | 0 | 3 00 | 0 | 0 | 3 00 |
| C-484 | (1) | 9-7-60 | 0 | 0 | 2 00 | 0 | 0 | 2 00 |
| C-488 | (5) | 11-4-60 | 0 | 0 | 6 00 | 0 | 0 | 6 00 |
| C-503 | (1) | 2-23-61 | 11 | 25 71 | 0 | 0 | 0 | 25 71 |
| TOTAL - PHYSICAL PLANT: | (7 cases) | | (14) | (25 71) | (122 50) | (0) | (0) | (148 21) |

* Case reported previously. # Case pending.

Chicago Undergraduate Division
Illini Union

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| C-487 | (1) | 10-21-60 | 0 | 0 | 41 50 | 0 | 0 | 41 50 |
| TOTAL - ILLINI UNION: | | (1 case) | (0) | (0) | (41 50) | (0) | (0) | (41 50) |
| TOTAL - CHICAGO UNDERGRADUATE DIVISION: | | (11 cases) | (19) | (25 71) | (205 35) | (0) | (0) | (231 06) |

* Case reported previously. # Case pending.

DIVISION OF SERVICES FOR CRIPPLED CHILDREN

Division of Services for Crippled Children

| Claim No. | (Type of Injury) | Date of Accident | Calendar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|---|---|
| 4447 | (2)* | 5-1-60 | 0 | 0 | 65 | 0 | 0 | 65 |
| 4568 | (2) | 9-19-60 | 0 | 0 | 49 50 | 0 | 0 | 49 50 |
| 4783 | (1) | 2-23-61 | 0 | 0 | 25 00 | 0 | 0 | 25 00 |
| TOTAL - DIVISION OF SERVICES FOR CRIPPLED CHILDREN: (3 cases) | | | (0) | (0) | (75 15) | (0) | (0) | (75 15) |

* Case reported previously. # Case pending.

TOTALS

| | Calandar Days Lost | Comp. Time Lost | Medical | P. Disability Final Settlement | Other Expenses | O.D. or Work Comp. Cost |
|---|---|---|---|---|---|---|
| TOTAL - CHAMPAIGN-URBANA: (320 cases) | (1884) | (10217 89) | (21867 20) | (25387 71) | (423 33) | (57896 13) |
| TOTAL - CHICAGO PROFESSIONAL COLLEGES: (49 cases) | (440) | (2135 43) | (443 47) | (0) | (45 50) | (2624 40) |
| TOTAL - CHICAGO UNDERGRADUATE DIVISION: (11 cases) | (19) | (25 71) | (205 35) | (0) | (0) | (231 06) |
| TOTAL - DIVISION OF SERVICES FOR CRIPPLED CHILDREN: (3 cases) | (0) | (0) | (75 15) | (0) | (0) | (75 15) |
| GRAND TOTAL: (383 cases) | (2343) | (12379 03) | (22591 17) | (25387 71) | (468 83) | (60826 74) |

* Case reported previously. # Case pending.

SCHEDULE 2

COMMON LAW CLAIMS (PERSONAL INJURY)

Fifteen claims of this nature were considered and acted upon by The Committee on Accident Compensation. Four were disposed of by settlement, one was denied, and ten others were considered but definite decisions were deferred pending further developments in each case, at a total cost to the University of $335.50.

In acting upon such claims The Committee on Accident Compensation is necessarily governed by the applicable principles of the Illinois Law under which the University is not liable to the claimants unless their injuries were proximately caused by negligence upon the part of the University or one of its agents or employees, and unless, even if the University was negligent in the premises, the claimant was free from negligence on his part which contributed to his injuries.

SCHEDULE 3

CASES WHERE PAYMENTS OF HOSPITAL OR MEDICAL

STATEMENTS WERE MADE ON THE BASIS OF REFERRAL

Champaign-Urbana
Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral

| Claim No. | Injury | Date of Accident | Department | Amount Paid on The Basis of Referral |
|---|---|---|---|---|
| 4521 | (2) | 7-31-60 | Mechanical Engineering | 30 00 |
| 4528 | (2) | 7-28-60 | Illini Union | 10 00 |
| 4537 | (11) | 7-26-60 | Horticulture | 16 10 |
| 4583 | (2) | 9-28-60 | Electrical Engineering | 5 00 |
| 4592 | (2) | 10-14-60 | Physical Plant | 54 00 |
| 4638 | (2) | 11-11-60 | Electrical Engineering | 56 00 |
| 4651 | (11) | 10 - 60 | Physical Plant | 91 67 |
| 4691 | (1)# | 12-28-60 | Housing | 35 00 |
| 4714 | (2) | 2-13-61 | Electrical Engineering | 9 00 |
| 4737 | (11)# | 3-6&14-61 | Mechanical Engineering | 492 24 |
| TOTAL - CHAMPAIGN-URBANA: (10 cases) | | | | (799 01) |

* Case reported previously. # Case pending.

Chicago Undergraduate Division
Cases Where Payments of Hospital or Medical Statements Were Made on the Basis of Referral

| Claim No. | Injury | Date of Accident | Department | Amount Paid on The Basis of Referral |
|---|---|---|---|---|
| C-489 | (5) | 11-23-60 | Physical Plant | 10 50 |
| TOTAL - CHICAGO UNDERGRADUATE DIVISION: (1 case) | | | | (10 50) |
| GRAND TOTAL - Cases Where Payment of Hospital or Medical Statements Were Made on the Basis of Referral: (11 cases) | | | | (809 51) |

* Case reported previously. # Case pending.

SCHEDULE 4

ANALYSIS OF COMPENSABLE CASES

Analysis of Compensable Cases*
Number of Cases

| INJURY | 1957 - 58 | 1958 - 59 | 1959 - 60 | 1960 - 61 |
|---|---|---|---|---|
| 1. Cuts and Bruises | 94 | 129 | 133 | 128 |
| 2. Strains, sprains and fractures | 95 | 120 | 137 | 151 |
| 3. Burns and infections | 17 | 21 | 21 | 30 |
| 4. Punctures | 9 | 8 | 9 | 10 |
| 5. Particle in eye | 10 | 29 | 20 | 35 |
| 6. Splinters | 3 | 2 | 5 | 8 |
| 7. Inhaling toxic fumes | 5 | 1 | 0 | 0 |
| 8. Automobile Accidents | 1 | 2 | 0 | 0 |
| 9. Hernia | 2 | 5 | 5 | 8 |
| 10. Diagnostic x-ray | 1 | 0 | 0 | 0 |
| 11. Allergies | 2 | 4 | 6 | 2 |
| 12. Other | 6 | 11 | 6 | 11 |
| TOTAL: | (245) | (332) | (342) | (383) |

* Includes all cases listed in Schedule 1.

SCHEDULE 5

COMPARATIVE SUMMARY OF ACCIDENT CASES

BY DEPARTMENT, NUMBER, AND TOTAL COST

Champaign-Urbana
Comparative Summary of Accident Cases by Department, Number, and Total Cost

| College or Department | 1959 - 1960 No. of Cases | 1959 - 1960 Work. Comp. or O.D. Cost | 1959 - 1960 Total Cost* | 1960 - 1961 No. of Cases | 1960 - 1961 Work. Comp. or O.D. Cost | 1960 - 1961 Total Cost* |
|---|---|---|---|---|---|---|
| Administration & General | 11 | 288.25 | 420.89 | 15 | 1,233.85 | 1,425.77 |
| Liberal Arts and Sciences | 11 | 1,356.52 | 1,975.10 | 18 | 4,884.39 | 4,933.25 |
| Agriculture | 41 | 7,910.73 | 8,616.29 | 53 | 5,278.63 | 6,723.66 |
| Engineering | 26 | 944.78 | 1,147.44 | 35 | 9,266.24 | 11,095.34 |
| Education | 1 | 9.00 | 9.00 | 1 | 35.50 | 35.50 |
| Fine & Applied Arts | 3 | 41.00 | 102.00 | 0 | 0 | 0 |
| Physical Education | 4 | 118.50 | 118.50 | 7 | 344.59 | 528.09 |
| Veterinary Medicine | 3 | 89.29 | 204.88 | 4 | 31.90 | 31.90 |
| Law | 1 | 8.00 | 8.00 | 0 | 0 | 0 |
| Communications | 6 | 75.50 | 102.30 | 2 | 23.00 | 23.00 |
| University Extension | 3 | 38.05 | 38.05 | 6 | 79.75 | 79.75 |
| State Water Survey | 0 | 0 | 0 | 1 | 37.00 | 75.25 |
| Institute of Aviation | 7 | 654.16 | 1,421.73 | 4 | 64.85 | 64.85 |
| Library | 1 | 701.57 | 1,097.98 | 2 | 26.40 | 26.40 |
| Physical Plant | 100 | 26,262.79 | 31,707.54 | 104 | 31,927.34 | 40,298.83 |
| Illini Union | 22 | 3,007.90 | 3,430.75 | 20 | 1,787.11 | 2,450.49 |

Champiagn-Urbana
Comparative Summary of Accident Cases by Department, Number, and Total Cost

| College or Department | 1959 - 1960 No. of Cases | 1959 - 1960 Work. Comp. or O.D. Cost | 1959 - 1960 Total Cost* | 1960 - 1961 No. of Cases | 1960 - 1961 Work. Comp. or O.D. Cost | 1960 - 1961 Total Cost* |
|---|---|---|---|---|---|---|
| Housing Division | 38 | 1,985.66 | 2,700.40 | 48 | 2,875.58 | 3,757.26 |
| TOTAL - CHAMPAIGN-URBANA: | (278) | (43,491.70) | (53,100.85) | (320) | (57,896.13) | (71,549.34) |

* To be consistent with previous report, total cost means University Benefits plus the cost of benefits under the Workmen's Compensation or O.D. Acts.

Chicago Professional Colleges
Comparative Summary of Accident Cases by Department, Number, and Total Cost

| College or Department | 1959 - 1960 No. of Cases | 1959 - 1960 Work. Comp. or O.D. Cost | 1959 - 1960 Total Cost* | 1960 - 1961 No. of Cases | 1960 - 1961 Work. Comp. or O.D. Cost | 1960 - 1961 Total Cost* |
|---|---|---|---|---|---|---|
| Administration & General | 2 | 1.30 | 1.30 | 0 | 0 | 0 |
| Broadcasting | 1 | 1.52 | 33.52 | 0 | 0 | 0 |
| College of Medicine | 7 | 3,361.04 | 3,627.96 | 6 | 98.87 | 447.95 |
| College of Dentistry | 1 | 150.00 | 150.00 | 1 | .30 | .30 |
| College of Pharmacy | 1 | .36 | .36 | 0 | 0 | 0 |
| Institute for T. B. Research | 1 | .55 | .55 | 0 | 0 | 0 |
| R. & E. Hospitals | 17 | 2,512.82 | 2,877.08 | 25 | 1,687.14 | 2,419.59 |
| Physical Plant | 17 | 6,263.61 | 7,228.12 | 14 | 807.95 | 2,174.89 |
| Housing | 1 | .34 | .34 | 0 | 0 | 0 |
| Illini Union | 1 | 1.91 | 1.91 | 3 | 30.14 | 68.62 |
| TOTAL - CHICAGO PROFESSIONAL COLLEGES: | (49) | (12,293.45) | (13,921.14) | (49) | (2,624.40) | (5,111.35) |

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under Workmen's Compensation or O.D. Acts.

Chicago Undergraduate Division
Comparative Summary of Accident Cases by Department, Number, and Total Cost

| College or Department | 1959 - 1960 No. of Cases | 1959 - 1960 Work. Comp. or O.D. Cost | 1959 - 1960 Total Cost* | 1960 - 1961 No. of Cases | 1960 - 1961 Work Comp. or O.D. Cost | 1960 - 1961 Total Cost* |
|---|---|---|---|---|---|---|
| Administration & General | 3 | 60.00 | 60.00 | 0 | 0 | 0 |
| Liberal Arts and Sciences | 0 | 0 | 0 | 2 | 10.00 | 10.00 |
| Engineering | 0 | 0 | 0 | 1 | 31.35 | 31.35 |
| Library | 1 | 21.00 | 21.00 | 0 | 0 | 0 |
| Physical Education | 1 | 20.00 | 20.00 | 0 | 0 | 0 |
| Physical Plant | 5 | 486.11 | 687.61 | 7 | 148.21 | 199.73 |
| Illini Union | 1 | 648.48 | 684.05 | 1 | 41.50 | 41.50 |
| TOTAL - CHICAGO UNDERGRADUATE DIVISION: | (11) | (1,235.59) | (1,472.66 | (11) | (231.06) | (282.58) |
| DIVISION OF SERVICES FOR CRIPPLED CHILDREN: | 4 | 505.32 | 955.03 | 3 | 75.15 | 75.15 |
| GRAND TOTAL: | (342) | (57,526.06) | (69,449.68) | (383) | (60,826.74) | (77,018.42) |

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under Workmen's Compensation or O.D. Acts.

SCHEDULE 6

CASES CONSIDERED BY THE INDUSTRIAL COMMISSION OF ILLINOIS
AND DISPOSITION THEREOF

AGREED SETTLEMENTS APPROVED BY THE

INDUSTRIAL COMMISSION OF ILLINOIS

Agreed Settlements Approved by the Industrial Commission of Illinois

| Case No. | Type of Injury | Date of Accident | Basis of Settlement | Amount of Settlement |
|---|---|---|---|---|
| 4298 | (1) | 11-4-59 | Basis of 10% loss of use of left leg | 900.00 |
| 4385 | (1) | 2-18-60 | Basis of 40% loss of use of left index finger | 408.00 |
| 4389 | (2) | 3-1-60 | Compromise lump sum settlement | 4,000.00 |
| 4469 | (1) | 5-24-60 | Basis of 30% loss of use of left thumb | 1,008.00 |
| 4499 | (2) | 7-7-60 | Basis of 25% loss of use of right fifth finger | 225.00 |
| 4543 | (1) | 8-29-60 | Basis of 50% loss of use of left ring finger | 600.00 |
| 4557 | (12) | 9-19-60 | Commuted death settlement | 11,847.12 |
| 4569 | (1) | 9-22-60 | Basis of 50% loss of use of left little and ring fingers | 1,125.00 |
| 4771 | (9) | 5-1-61 | Compromise lump sum settlement | 450.00 |
| TOTAL - Agreed Settlements Approved by The Industrial Commission of Illinois | | | (9 cases) | (20,563.12) |

DISPOSITION OF DISPUTED CLAIMS CONSIDERED

BY THE INDUSTRIAL COMMISSION OF ILLINOIS

Disposition of Disputed Claims Considered by the
Industrial Commission of Illinois

| Case No. | Type of Injury | Date of Accident | Basis of Award | Amount of Award |
|---|---|---|---|---|
| 3983 | (1) | 10-31-58 | Arbitrator decided claim denied | 0 |
| TOTAL - Disposition of Disputed Claims Considered by the Industrial Commission of Illinois | | | (1 case) | (0) |
| GRAND TOTAL - | | | (10 cases) | (20,563.12) |

SCHEDULE 7

RELATION OF INJURY COSTS TO TOTAL ANNUAL PAYROLL

Relation of Injury Costs to Total Annual Payroll

| Year | Total Annual Payroll | Amount paid by University on Injuries to Employees | Work. Comp. or O.D. Cost | Percent of Injury Costs to Total Payroll | Percent of Work. Comp. or O.D. Costs to Total Payroll |
|---|---|---|---|---|---|
| 1947 - 48 | 23 323 264 | 13 398 | _____ | 0.0570% | _____ |
| 1948 - 49 | 25 438 883 | 19 327 | _____ | 0.0760% | _____ |
| 1949 - 50 | 29 134 839 | 26 517 | _____ | 0.0909% | _____ |
| 1950 - 51 | 30 470 619 | 17 208 | _____ | 0.0565% | _____ |
| 1951 - 52 | 31 801 212 | 33 989 | _____ | 0.1068% | _____ |
| 1952 - 53 | 35 969 804 | 29 373 | _____ | 0.0816% | _____ |
| 1953 - 54 | 37 855 681 | 49 694* | 38 712 | 0.1313% | 0.1022 |
| 1954 - 55 | 39 303 520 | 38 400* | 28 943 | 0.0977% | 0.0736 |
| 1955 - 56 | 43 756 102 | 55 682* | 42 581 | 0.127% | 0.0973 |
| 1956 - 57 | 46 117 802 | 57 467* | 49 261 | 0.1246% | 0.1068 |
| 1957 - 58 | 49 943 732 | 48 499* | 36 809 | 0.0971% | 0.0737 |
| 1958 - 59 | 52 334 875 | 56 012* | 40 655 | 0.1070% | 0.0776 |
| 1959 - 60 | 58 393 682 | 69 449* | 57 526 | 0.1189% | 0.0985 |
| 1960 - 61 | 65 502 225 | 77 018* | 60 826 | 0.1176% | 0.0928 |

* To be consistent with previous reports, total cost means University Benefits plus the cost of benefits under the Illinois Workmen's Compensation or O.D. Acts.

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